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Interpretation And The Psychic Future

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The author applies the analyst's multi-faceted awareness of his or her view of the patient's psychic future to analytic process. Loewald's (1960) interest in the way in which the analyst anticipates the future of the patient was linked to his epistemological assumptions about the analyst's superior objectivity and maturity relative to the patient. The elucidation of the authority of the analyst (e.g. Hoffman, 1991, 1994) allows us to begin to disentangle the analyst's view of the patient's psychic future from some of these epistemological assumptions. Clinical illustrations attempt to show how the analyst's awareness of this aspect of the interpretive process is often deconstructed over time and can help to understand aspects of resistance from both analyst and patient. This perspective may provide one more avenue for understanding our various modes of influence through interpretive process.

An underemphasised aspect of the analyst's subjectivity and participation in the analytic process relates to his consciously and unconsciously held views of what will be helpful to the patient, or put another way, his view of the patient's psychic future. Loewald (1960) described how the analyst's interpretations anticipate the patient's future in terms of psychic growth. Yet Loewald's formulations were embedded in epistemological assumptions related to the analyst's superior objectivity and emotional maturity relative to the patient. I will try to extend Loewald's emphasis on what I call the push of interpretation, delinking this feature of interpretive process from some of his epistemological assumptions.

I will use the term ‘psychic future’ to refer to the analyst's conscious and unconsciously held hopes for psychic growth through interpretation that may result from analysis. The term, ‘psychic future’, is not meant necessarily to imply the patient's specific choices or behavioral pathways that may result from interpretation. Quite often the analyst learns about his view of the patient's psychic future by deconstructing the meaning of his established or ongoing interpretive stance. I believe that this process of deconstructed meaning on the part of the analyst can become an important part of the analyst's internal dialogue and the dialogue between patient and analyst, just as is the dialogue

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about the ways in which the past affects the present. If this dialogue and self-analysis on the part of the analyst is not taking place, then something essential is not happening.

Naturally, at the most general level, the analyst's view of how to be helpful is embedded in a set of theoretical and technical preferences that are, to varying degrees, consciously thought through. Every analyst utilises formulation, metaphor, and interpretation to open up the observational field regardless of whether the field is conceptualised largely in intrapsychic or interpersonal terms (e.g. A. Cooper, 1994; S. Cooper, 1996). Analysts have also regularly observed how formulation can become organised around an overvalued idea or selective fact within an

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analysis (Bion, 1963; Britton & Steiner, 1994). Thus metaphors, formulation and interpretive stance can lead to new and useful understandings and/or blind spots. If metaphor is the art of seeing something in terms of something else (Ricoeur, 1977), it is worth asking when our metaphors are becoming stale, or seem to open things up, or reflect too much ambition. What kinds of reflection and self-observation in dialogue with himself and with the patient does the analyst engage in to work with these processes in constructing interpretations and interpretive stance? I would like to emphasise that the analyst's understanding of his view of the patient's psychic future can enhance this dialogue.

The analyst's view of the patient's psychic future constitutes one part of what I regard as an organising feature of debate in contemporary clinical psychoanalysis, namely the degree to which the differing subjectivities of analyst and patient are utilised in the context of psychoanalytic work. This issue is in many ways at the root of the fertile work related to evolving reformulation of concepts such as psychic reality, analytic neutrality, enactment, and the analyst as new object. Indeed, the various aspects of a continuum ranging from the analyst's accommodation to the patient's experiential and organisational world to his working with differences between the patient's and analyst's views of psychic and experiential realities constitute much of our debate related to technique among various schools of contemporary psychoanalytic theory.

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The analyst's view of the patient's psychic future is a vital part of what comprises the patient and analyst's present, just as both are concerned with the patient's past. I will try to explore how the analyst's formulations and interpretive stance hold aspects of the analyst's view of the patient's psychic future, regardless of whether, at a particular moment, the analyst is aware of this view. Often the analyst's sense of the patient's psychic future is revealed through the gradual process of deconstructing the meaning of his interpretive stance. A part of this deconstruction involves integrating the patient's experience of these interpretations as it is folded into various transferential meanings involving repetition and, at times, enactment between analyst and patient.

In recent work, Renik (1995) and O'Connell (1996) have emphasised various aspects of the analyst's view of how the patient might change as central to the workings of therapeutic action. In this paper, my focus will be on how the analyst deconstructs and thus learns about his wishes for the patient's change by examining some of the more routine formulations and interpretive stance that he has already assumed.

Firstly, I will briefly try to understand some of the ways in which the concept of the psychic future has been taken up in various technical approaches. I will also speculate about some of the obstacles that have impeded our development of the analyst's use of his wishes or thoughts about influence in the development of the theory of technique. Then I will try to provide two brief clinical examples of how awareness of some of these issues can be constructed and deconstructed in clinical analysis.

Some theoretical and technical issues related to the psychic future

Despite relatively less emphasis on the explicit conceptualisation of the patient's psychic future in our psychoanalytic formulations, we have had an unauthorised, implicit dialogue about the analyst's stance regarding the concept of the patient's psychic future. It has often been discussed in the context of therapeutic action and it relates to what is 'curative' or helpful in psychoanalysis. I think that there are several different dimensions—theoretical, technical and probably polemical—that have contributed to the lag in developing this concept in psychoanalytic theory. How does the analyst learn about and communicate what he thinks

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about how the patient can change and allow for new experience? How does the analyst's stance convey what he believes about how the analyst can be experienced as a new object in dynamic tension with the transferential experience of being an old object?

An important obstacle in articulating a view of the psychic future lies in the fact that traditional notions of neutrality suggest that the analyst should not have expectations about how the patient is to develop, grow, or change. Bion's (1963) working maxim—that the analyst should be 'without memory and desire', summarises this working stance. However at the level of clinical analysis, I believe that it is not uncommon to have thoughts and feelings about such matters, regardless of whether we make these feelings more explicit to the patient. There is nothing inherently incompatible about having such thoughts and feelings and trying to maintain a position of coming to understand the meaning of choice and direction that the patient is in the process of making. It is also likely that the patient's read on the analyst's view of the patient's psychic future is a part of most analyses, perhaps related to what Aron (1991) has referred to as the patient's experience of the analyst's subjectivity.

It is not surprising that psychoanalysts have had much less to say about the future than the past. Historically, the concepts of transference, psychic determinism, and repetition, all took as axiomatic the ways in which the past is recapitulated in the present. The repetition compulsion, by definition, suggests that the idea of a future separate from the past is not easily accomplished. Chodorow (1995) has raised the possibility that our theory and technique have given undue 'authority to the past'. In recent years, the present or the here-and-now has been increasingly emphasised across various approaches to technique and interpretation (Kernberg, 1993). From a technical point of view, Gill (1982) and Gill & Hoffman (1982) emphasised that we have employed a model of transference interpretation that is too skewed towards making transference interpretations that tend to reconstruct past relationships rather than examine the patient's current experience of the analyst based on unique perceptual experiences in the here and now. Schwaber (1983) has also made this argument, though her technical utilisation of these data are at great odds with the positions of Gill and Hoffman, particularly in her different use of the countertransference. So while technique has brought more balance to the here-and-now or present in comparison to a focus on the influence of the past, the future has continued to lag behind.

Freud (1927) considered the dangers of the analyst's investment in the patient's future in his discussion of the analyst's need to cure. He regarded the analyst's need to cure as an abandonment of his more realistic analytic modesty. More

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specifically, he viewed the analyst's need to cure as a defence against his own sadistic impulses. In his postscript to ‘The question of lay analysis’, he wrote,

> *I have never really been a doctor in the proper sense ... I have no knowledge of having had any craving in my early childhood to help suffering humanity. My innate sadistic disposition was not a very strong one, so that I had no need to develop this one of its derivatives ... In my youth I felt an overwhelming need to understand something of the riddles of the world ... and perhaps even to contribute something to their solution (1927, p. 253).*

Freud addressed himself, in these remarks, to the problems inherent in an overriding need to help and effect change. I wholeheartedly agree with these admonitions, though I wish to consider, instead, the analyst's more routine wish to influence. It seems to me to be well within the limits of clinical modesty to assume that the analyst is invested in the patient's change and that this dimension of the analyst's subjectivity needs to be understood as a part of the unfolding analytic process.

It was Loewald more than any other analyst before him who addressed the question of how the analyst relates to and represents aspects of the patient's growth and future resulting from the analytic process. Loewald took this discussion for the first time out of the realm of pathological countertransference and more into the routine aspects of how analysis works. However, he did not explore the experience of the analyst and the variety of ways of thinking about the analyst's subjective experience regarding wishes for the patient to change. Instead, Loewald's view of the analyst was steeped in an epistemological position in which the analyst should be objective and stand for the possibility of a more objective appraisal of psychic reality. This paper will begin to examine some of the ways in which the subjectivity of the analyst, including his more routine awareness of wishes for the patient to change, can be integrated with Loewald's interest in the analyst's relationship to the patient's psychic future.

Regarding the patient's future, Loewald wrote that:

> *In analysis, a mature object-relationship is maintained with a given patient if the analyst relates to the patient in tune with the shifting levels of development manifested by the patient at different times, but always from the viewpoint of potential growth, that is, from the viewpoint of the future. It seems to be the fear of moulding the patient*

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> *in one's own image that has prevented analysts from coming to grips with the dimension of the future in analytic theory and practice, a strange omission considering the fact that growth and development are at the center of all psychoanalytic concern (1960, p. 20).*

While Loewald's emphasis on the mature analyst facilitating the patient's growth has been largely questioned and usurped in the context of the diminished authority of the analyst's role, his concern with the relationship between the analyst's conceptualisation of the future and his interpretation and formulation is still not accorded its proper value in many current discussions of psychoanalytic formulation. Loewald was also beginning to address the analyst's symbolic function in therapeutic action, i.e. that the analyst and the analytic process itself can represent growth and aspects of the patient's psychic future.

We are now in a better position to think about the analyst's view of the patient's future in ways that are disentangled from the authoritarianism that was associated with a technical position in which the analyst was the arbiter of reality. The notion of the analyst as relatively more mature and objective than the patient, as emphasised by Loewald (1960) in his seminal paper on therapeutic action, has been usefully questioned on many fronts, particularly from a constructivist position (Stern, 1985; Hoffman, 1991, 1992). Hoffman (1994), made a substantial effort to examine some of the implications of Loewald's paper on therapeutic action, particularly how the analyst is on the side of growth and development, from a social-constructivist perspective. Hoffman sought to reconcile this actual and symbolic function of the analyst's efforts with the idea that the analyst is not necessarily in a position of knowing more than the patient about the truth of the matter.

In particular, Hoffman's (1992, 1994) recent discussions of psychoanalytic authority, mutuality and authenticity help us integrate and reconcile Loewald's interest in the analyst standing for growth and development with the notion that the analyst is in neither an epistemologically nor a psychologically superior position to the patient. For Loewald the analyst standing for growth and development was predicated on the idea that the analyst could be more objective and neutral, correcting, in benevolent fashion, the patient's transference-based distortions. In contrast, Hoffman (1994, p. 198) has illustrated how the ritualised asymmetry of the analytic set-up, invested by the patient and society with a kind of power and authority, can

serve to interpret our authority through the analysis of transference.

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Like Loewald, Hoffman observes that the power that is invested by both society and the patient with the analyst is continuous with that power that the child attributes to the parent in shaping development. This power, and its magical attributes, is augmented by the relative anonymity of the analyst. Equally important to the therapeutic action, in Hoffman's view, is the fact that the analyst is likely to be able to be more affirming, generous and insightful because of the relatively protected position that he occupies over the course of an analysis. Hoffman argues that because the patient knows less about the analyst, it is often easier to regard him more highly. In fact, Hoffman states that the analyst's authority is a part of what will help the patient to identify with him and utilise his understandings for change. Hoffman's position would also include the patient's experience of the analyst whose power and parental authority needs to be analysed, though he leaves open a place for elements of this idealisation that may never, nor should they be fully 'analysable'.

Hoffman's elucidation of the analyst's authority, which is partly based on other contributions from Aron (1991), Hoffman (1991), (1991) and Burke (1992) is profoundly different from Loewald's. For Hoffman there is an ongoing dialectic between the patient's perception of the analyst as superior in judgement and wisdom and the patient's perception of the analyst as a person like himself or herself. Naturally, one of these ways of seeing the analyst is always more overtly prominent than the other and may or may not be held for various defensive reasons; this dialectical tension was not something that Loewald ever made explicit in his argument.

In my view, the analyst's fantasies, thoughts, and wishes related to the patient's psychic future do not imply a belief that the analyst is in a position of relative maturity or cognitive superiority. It is interesting, however, that our role or position of symbolising growth and new psychic possibility, constitutes an important aspect of asymmetry in the analytic situation—not related to knowing more, but instead, representing something that the patient hopes to attain. This psychoanalytic arrangement is a part of what I regard as an extension of Hoffman's (1991) ritualised asymmetry of the analytic situation as it might apply to the representation of the patient's psychic future within the psychoanalytic dyad. In this sense, the authority of the analyst is imbued by the patient in the ways that the analyst may come to represent psychic possibility.

Renik (1995) has also addressed some of the necessary ways in which the analyst considers how the patient might change. In Renik's view, the analyst's determination of resistance is intrinsic to the notion of how the patient might change; in turn, the analyst's view of how the patient might change is itself always undergoing change and revision and complicated negotiations between

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the patient and analyst. Renik argues that when the analyst and patient are not making their respective appraisals of the purpose of the analysis a part of the dialogue, something is amiss.

O'Connell (1996) has made a similar argument to that of Renik, though he has characterised the analyst's investment in the patient's change as a form of aggression or assertion in the analyst. This aggression, which is to be distinguished from anger or animosity, is described as a part of what directs the analyst's interpretive process and allows the analyst to pose alternative ways of examining the observational field that the analyst and patient are examining.

I am very much in agreement with Renik and O'Connell about these matters. Sandler & Sandler (1994) recently remarked that some analyses go on for too long because the analyst cannot deal with the limitations of the method for a particular individual. In the light of the discussion that will follow, this would be an example of the analyst and often the analyst and patient not really coming

to grips with the future, denying its specificity by saying that the future holds infinite or undefined possibilities for growth. In a sense, interpretation of all kinds confronts something about the patient's psychic reality that involves an attempt to foreclose opportunities for a modified psychic future (another form of resistance)—one that the patient no doubt comes by honestly, but that nevertheless bears exploration. Thus the analyst's view of the patient's future has been intrinsic to the notion of formulation, but not always made explicit or disentangled from formulation (S. Cooper, 1993a, b). Formulation generally contains both a view of what is a source of pain, constraint, pleasure, deficit or conflict for the patient and how it might be helpful to observe or work with this conflict, affect, or need.

Thus I am suggesting that the analyst's views of the patient's psychic future and investment in the patient's future are a ubiquitous feature of routine analytic work. The demands of neutrality, usefully redefined by Greenberg (1986), argue against our having an *overriding* need to cure. Greenberg describes a set of dialectical tensions between the patient's experience of the analyst as an old and new object as well as various affective experiences of danger and safety. In my view there is also a tension between the analyst's functions as a recipient of the historical transference (A. Cooper, 1987) and an object helping or influencing the patient to work towards the capacity for new experience. Interpretation to some extent embodies and expresses hope. There is an

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interaction between our roles as embodying hope, social authority, and our role as transference object.

Caper (1992) pointed to the frequency with which a patient projects his own omnipotence into the analyst, so that the analyst becomes a magical healer. His paper discussed the power of the analyst's susceptibility to accepting this role and the problems that may accompany his doing so. In contrast, my focus here is on less extreme and more usual examples of analytic engagement and, at times, countertransference enactment. My hope is that these instances of routine enactment are the kind that can be utilised in elaborating the patient's resistance to change and aspects of the analyst's resistance in the countertransference to working with the patient's resistance. These inevitable aspects of the analyst's participation accord with the dimensions of neutrality that Greenberg (1986) has elucidated. In Greenberg's definition of neutrality and Kris's (1990) notion of functional neutrality, the concept of neutrality has been conceptualised, not as a static stance, but one that incorporates aspects of the analyst's and patient's shifting views of psychic reality.

The following case examples attempt to illustrate the analyst's process of learning about his implicit predilection for particular formulations of the patient's psychic future, contained in the analyst's interpretive stance. I believe that these examples illustrate what Hoffman stated so clearly:

> *The fact that analysts cannot know exactly how they should position themselves with respect to the dialectic of overtly expressive participation and relatively standard, authority-enhancing technique is precisely the wellspring for an overarchingly authentic way of being with the patient, one that is marked by a sense of struggle with uncertainty, by a willingness to 'play it both ways,' and by an openness to consideration of the unconscious meanings, for the analyst and patient, of whatever course has been taken (1994, p. 214).*

Interestingly, the analyst is often discovering his view of the future in retrospect as he deconstructs the meaning of his understandings and interpretations and continues to listen and understand his patient's reactions and experience of the interpretations. Naturally, the analyst's need or wishes to change the patient may have many pathological and relatively non-pathological origins. But I am more focused here on our discovery of how we are always attempting to influence, particularly in pursuing the more routine rather

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than heroic ways in which the analyst is thinking about how to influence. Within this general activity of formulating, reside fantasy elements on the part of both analyst and patient about what will occur as a result of this effort. These elements are often at the heart of resistances on the part of the patient and analyst.

Clinical Vignette I

Ms A was a 25-year-old woman who had been chronically depressed when she began analysis several years earlier. She was now in a phase in which she had been able to work through a great deal of her anger and sadness related to feeling rejected by her father. She had experienced him as always 'too objective' rather than more openly effusive about her appearance and intellect. In her current situation, we were examining her predilection for involvement with married or otherwise unavailable men and avoidance of men who might be more readily available for a relationship. We agreed that despite her frustration with the unavailable men, she remained attached to an opportunity to persuade her father to change his mind and throw all caution to the wind in order to be with her.

In the earlier phase of analysis she had experienced me as more globally unavailable and rejecting towards her. We had developed a warm, friendly way of being together in which she was still visited by feelings of my rejecting her but in a more focused way. She would adamantly tell me about my unsatisfactory ways of wording interpretations or observations and would propose comments that would be more affirming to her. We understood her instructions and corrections of my interventions as a new opportunity for her that she had not experienced during her growing up—namely to give expression to her feelings of anger and complaint about her wish to have her father be less objective and more enthusiastic or passionate about her developing body and mind. We also understood her instructions as a kind of nihilistic and despairing expression of her sense that if she didn't tell me what to do, I would never comply with her wishes and needs to be affirmed. She also agreed with my sense that she selectively perceived and experienced my remarks in terms of what was less affirming or supportive and at times minimised how I had acknowledged her achievements and strengths. She agreed with my observation that at times her selective perceiving represented a repetition of her relationship with her father that she painfully held to. There were times in which I conveyed to her my agreement that she had a good point to make about my insensitivity to her need to feel affirmed, even as we took up something about her selective perception.

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Thus, struck by the eloquence of her reformulated interpretations, I would sometimes joke with her, but meaning what I said, that it probably would have been better for me to say things in the way that she had. At these times I would often think aloud with her about what had happened. In other words, I would be likely to say something along the lines of: ‘Maybe what's important here is also to try and understand some of what goes into my saying things the way I do’. The following example will illustrate this pattern of interpretation and discussion in the wake of the intervention.

In this particular hour, Ms A was speaking of her involvement with a couple of men that she knew were not available to her for a romantic relationship. She found herself getting more and more preoccupied with trying to win them over. At the same time a man who was available to her had asked her to go out. She was proud of this development and said that she felt anxious about going on what we jokingly referred to as ‘a real date’ with him. She wasn't sure what her anxiety was about. First I acknowledged how this ‘real date’ was something new and exciting as we began to discuss her anxiety. She wasn't able to elaborate it much and we agreed that whatever it was, it seemed like something

that she wished, in part, to avoid. I then suggested that if real dates became something she explored more we might be able to look further at what this anxiety was about and that maybe it was part of why it had been something so difficult for her to pursue. The mood of warmth and friendliness immediately changed. She became angry and said that by putting it this way, ‘if’, I was minimising what she had been able to do. ‘Why do you have to say it that way?’ I agreed with her and began to take her question seriously: ‘Why had I said it that way?’ When I made my comment I was feeling increasingly pleased with her developing ability to take in this new experience. I was conscious of a kind of anticipation that this was becoming a more available opportunity for her and I experienced myself as hopeful. What I was not aware of at the moment I spoke was how I might once again be enacting the role of her father who was experienced as conditionally supportive. I then voiced these thoughts to Ms A, telling her that I had been more hopeful as I spoke, but that I could see quite clearly how she had experienced my remarks. She told me that she believed that I had felt pleased with her and hopeful but that she still resented the sense that I had spoken to her in the way that I had. I then said that while I had participated in the familiar role of a conditionally supportive father, I wondered if she was less likely to experience the ways I might be speaking with an anticipation and hope of where she might be going, rather than a disappointment about who she was now. She readily agreed with this

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observation. Ms A said that this interaction felt quite similar to her in terms of how we had been looking at her attachment to painful feelings towards her father and the unavailable men. She also said that she felt attached to and in some sense liked the opportunity she experienced in talking to her father and me about our failings.

In this vignette, I would like to emphasise a tension between my consciously experienced hopes for the patient—an opportunity for her growth and capacity to form a relationship that would be more satisfying to her—and a kind of enactment of the old object, co-constituted by the two of us. I hesitate to say that my enactment (i.e. saying what I said the way I said it) could be explained solely by a kind of role-responsiveness because I'm not at all certain that I was responding to something in Ms A. What was of note was her readiness to experience me as a familiar object and my tendency to act in ways that would elicit this feeling in her. At one level, this example reaffirms what we already know—that analysts participate in aspects of repetition and that patients cling to attachments even in the face of something new that the analyst might be doing. At another level, however, I think that this clinical moment illustrates something more specific about how the ways in which the analyst's interpretive anticipation of where the patient might go may sometimes enact something that is an amalgam of the old and new object, co-constituted by the patient and the analyst. Certainly attention to this aspect of analytic process need not minimise the need to analyse Ms A's reported pleasure, perhaps attachment to experiencing my failings.

Clinical Vignette II

Here is another kind of interpretive moment involving a shift in my stance. In a sense it illustrates a more subtle process of deconstruction of my formulations, interpretive stance, and unfolding understanding of my implicit view of the patient's psychic future.

Mr G is a single, 25-year-old scientist who came into analysis struggling with difficulty integrating some feelings of sexual inhibition towards his girlfriends, on the one hand, with his consciously experienced desire. He used the term inhibition to indicate that he greatly enjoyed his sexual relationship with

his current girlfriend of several months but sometimes felt reluctant to initiate sexual activity. At times, he experienced himself as an adolescent, uncomfortable with his sexuality. Despite his youth, Mr G was often seen by

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both his senior colleagues at his company and even his older sisters as overridingly rational, reasonable, and benevolent in his pursuit of conflict resolution. Mr G wished to be less reasonable and more expressive.

Mr G was the youngest of four children and the only boy. His three sisters were close and caring towards him but he also experienced them as jealous of the attention he received from his mother. Mr G had known in highschool, college, and graduate school that many girls and women were attracted to him despite his own affective sense that he wasn't as attractive as he wished. Furthermore, his older sisters had confirmed that they knew many girls who wanted to get to know him. Mr G grew up in an academically oriented family in which science was the most obvious and allowable expression of passion. Mr G felt that his mother was frustrated sexually and viewed Mr G, her only son, as sexually exciting. His father, also a scientist, was somewhat contemptuous about athletics and more overt expression of sexuality. Mr G felt that his father was more generally supportive of his sisters' activities and achievements.

In the several hours I am going to summarise, Mr G was doing something with me that had become rather usual for him during the first year of his analysis. As the hour developed, he would often tell me after a moment of silence or a break in his associations, that he was having a silent conversation with his good friend, Abe, a college friend who is a businessman and now lives in another city. Abe is intense, hostile, and loves to provoke a good fight, sometimes gravitating towards politically incorrect or controversial stances with his elders. Mr G recoils at the way Abe used to elicit irritation in others within their social circles. Mr G knows that unconsciously or even consciously he has always partly delighted in Abe's ability to be passionate about his beliefs, despite the fact that Mr G sometimes feels that Abe is misguided and oversimplifies complex positions. Mr G's other friends find Abe abrasive and hypercritical. Only his current girlfriend seems to enjoy Abe, indulging his acerbic humour and sometimes even flirting with him. Mr G and Abe are quite good friends and engage in many interesting talks, especially during his analytic hours. But usually the conversation with Abe during the hour consisted of Abe's harangues about how the analytic process is a self-indulgent, bourgeois activity. Abe, who is much wealthier than Mr G, criticised Mr G for needing me and spending the money to come and see me.

I generally took up these harangues on Abe's part and Mr G's conversations with Abe as an indication that perhaps Abe was speaking for Mr G, in a way that Mr G could not speak about, himself. I wondered if Abe could be expressive, hostile or affectionate towards me, in a way that Mr G could not. I also wondered if it was easier to have three of us rather than just the two of us. Each

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time I took up Abe's words as a possible expression of something Mr G might feel in the ways I described above, he responded with apparent agreement, bemused, comforted and pleased that he might have the opportunity to experience and express these feelings—indeed, that he already was indirectly expressing some of these feelings. But I became aware that Mr G didn't seem to get into this material any more expressively, and even became at times less intelligible. I began wondering what would happen if I asked, if you will, joked with Mr G about whether I could speak with Abe more directly at the point that Abe began speaking to him. When I decided to do this, Mr G laughed with delight, and said that he thought maybe this would be a good idea, though he never commented in more detail directly about his feelings regarding my shift in stance.

The material gradually began to change in several directions. In fact, Mr G never spoke to me directly as Abe. But he spoke to me as himself in a more affectively present and vivid manner. He began a deeper exploration of his feelings about his sense of himself as a boy anticipating sexual experience rather than someone who should be experienced and talented in this regard. Mr G also became more observant about how Abe shut off his expressiveness. Abe was critical of Mr G needing me and the analysis in general. Abe was also resentful of women being attractive and alluring to men. As Mr G became more aware of what he was feeling about his own desires and his anxiety, the interpretation of Abe as an expression of unacceptable anger and desire and Abe as part of both a defensive presence to mitigate these feelings and a kind of facilitator for expressing these feelings became more real and accessible to him.

From a standard way of conceptualising this clinical moment (which I have condensed in a way that I hope captures something meaningful about the working of my mind during the clinical process), I would say that I began with a familiar and usually productive technical stance focused on helping my patient to integrate hostile and desirous feelings that he defended against by externalisation. He was intrigued and amused by this interpretation, but nothing seemed to change in his expressiveness. When I changed directions to talk directly to his friend, he became even more amused, and the material seemed to deepen. I considered whether my change in approach was an enactment, moving from analysis to play therapy —was I soon going to be offering him an Abe puppet to play with? Thus I wondered if I was enacting the role of the permissive parent who encourages him to do whatever he wished or in some way providing a father with a capacity to acknowledge my body and his

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that he didn't feel he had during development. Was I a lover, offering a different level of play within our dialogue? I believe that, in part, all of these levels were in operation. But I also began to realise that what I had been enacting before (in the way that all interpretations involve some form of enactment), was the role of a parent who expected him to observe feelings in a pseudo-mature way, without actually engaging in experience. I became more aware of how Mr G experienced my interventions or intent within his transference-based perception of me. From a technical point of view, at one level I asked Mr G to elaborate his feeling by asking if I could speak more directly with Abe rather than interpret too quickly the underlying determinant. At another level, I can now see that I also moved into a more playful mode in my interpretive and exploratory activity. I came to believe that unwittingly, in the context of Mr G's familiar experience with his family, he experienced my earlier interpretation as a demand to move into a pseudomature rather than exploratory mode.

Abe's presence had really been at quite a distance in the analysis, not unlike the distance he kept from his girlfriend and me. In this unwitting role of encouraging pseudomaturity, I may have been communicating something akin to: ‘Know what you’re feeling before actually feeling it’. I began to understand a rather commonplace interpretation of externalisation in a different way. Mr G had felt, once again, a transferencebased pressure to be grown-up, reasonable, and to take on all the work, a pressure he had experienced with his father which, in turn, he was reluctant to comply with. I learned that my consciously and unconsciously held plan for Mr G involved him taking ownership of affect before experiencing it. I believe that my shift to a different type of intervention allowed him to bring in his friend, Abe, and himself more vividly. Over time, my initial interpretive stance was suspended and I learned that my interpretations, and especially Mr G's reactions, revealed an implicit view of his psychic future that was similar to the pseudo-mature mode he had experienced as a boy within his family. My interpretive stance changed, and in so

doing, I entered into the present with Mr G more vividly, just as he could become more expressive of his immediate experience. Thus I believe that, unconsciously, Mr G was struggling with whether he could invite the sexual, loving, wild and angry part of himself to our house. This eventually led to a reduction in externalisation to his friend, Abe, and to more direct expression of his feelings towards me.

One of the things I have considered in thinking about my view of Mr G's psychic future, is how my shift in interpretive stance might have involved a seduction or

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a kind of suggestion in order to circumvent a piece of resistance. To whatever extent these processes were at work, I believe that in attempting to analyse it —in this case working with my own fantasies about how I regarded Mr G's psychic future as deconstructed from my previous interpretive stance—I was also trying to understand more about the unconscious fantasy elements operating in both of us within the analysis. In one sense, through my initial interpretation, I was unwittingly putting the analysis of transference before the experience and elaboration of transference. In this instance, there was little way to understand this prior to the unfolding of analytic process or the lack thereof in much the same way that has been recently discussed in the literature on enactment (Renik, 1995; S. Cooper, in press).

It needs to be emphasised that since Mr G never directly commented in detail about my shift in stance, my formulation of this process remains speculative, a part of my own self-analysis. It was only later in the analysis that Mr G became more direct in his communications about his reactions to my style of interpretation or shifts in my stance.

Discussion

I believe that when the analyst takes a look at what his underlying view of the future holds for the patient within a particular interpretive line, he may find that there is an implicit correspondence between this interpretive position and what the patient experienced from parental demands about how to deal with affect, impulses, and fantasies. This observation parallels part of the processes that Sandler (1976) has outlined regarding role-responsiveness. However, the focus I have suggested here allows for an examination of not only how the present repeats the past, but also how the analyst's wishes for the patient's future partly repeat the past. Furthermore, I do not believe with any certainty that my stance with the two patients I have described here is comprehensively explained by the notion of role-responsiveness. I think that another way to understand what happened is that I may have acted in ways best described by a kind of ‘role-induction’—that is, that my interpretive stance partly directed or induced the patient's behaviour and associations as well. Thus the formulation of how the analyst comes to understand a view of the patient's psychic future is reciprocally determined and often enacted before it can become understood by the analytic pair.

Naturally, the experience of the patient is usually co-determined by what the patient brings to the analytic situation and what the analyst unwittingly or consciously enacts. As stated earlier, the analyst is sometimes best able to be

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reflective about this process after it is occurring rather than prior to the interpretation. Ms A and I were able to talk about these processes in each of us quite explicitly. I felt as though my stance regarding her future contained an anticipation—I would hope in the Loewaldian sense of how interpretation can sometimes anticipate—of where she might be able to go. She experienced my position, in part, as the repetition of her father expecting more rather than being pleased with who she was. In the clinical circumstance with Mr G, I became reflective about the process when the patient's seeming compliance signalled to me the possibility that my interpretive line might not be addressing important elements of resistance and/or wishes

to do something new. My new awareness of an element of how I unconsciously maintained expectations of Mr G that mirrored those we had previously reconstructed from his earlier experience, allowed me to understand my interpretive stance in a way that I had not previously considered. This observation is also in keeping with Bion's (1977) and Britton & Steiner's (1994) discussions of the overvalued idea or selective fact. These phenomena can lead to indoctrination (Balint, 1968) or repetition or impasse within an analysis.

In a sense, beginning to explore the blind spot, in the moment described with Mr G, involved addressing more explicitly Mr G's wishes to play and express, rather than observing how he avoided doing so. Obviously, the analyst might come to the same awareness of this blind spot without considering whether his technical stance implicitly holds a view of the patient's psychic future. My point, however, is that our consideration of this dimension, namely the ways in which our interpretive directions fit into various transference patterns, may be another reminder or signal to the analyst in understanding blind spots.

More generally, I believe that the analyst's conscious and unconscious participation in the patient's psychic future has important implications for understanding how he decides about whether to focus on proximal or more distal events regarding what to interpret, whether it be defence or transference. It is also a factor in why an analyst might move into areas of more overt play or humour. In a sense, the moment I have described with Mr G reveals both his unconsciously determined, overly constrained view of his present and future psychic life that was unwittingly shared by me in my initial interpretive stance. I suggest that my initial stance was constrained, at least partially, because it addressed more exclusively an avoidant aspect of Mr G's expressiveness. Perhaps my shift in stance to a more explicit willingness to play also addressed Mr G's unconsciously held wish for a psychic future in which he

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could play as related by him through his friend, Abe. My shift also expressed a wish for me to be able to play with him in a more vibrant way. I believe that this aspect of play as revealed in my comment to Mr G might have been addressed in any one of a number of ways. For example, rather than invite Abe to express himself, I might have asked if Abe was reluctant to speak with me more directly. I might have joked about whether Abe was waiting for an invitation or whether he liked to assault the analysis and then hide.

In a way, it could be said that I'm trying to draw further attention to some aspects of dynamic tension between the intrapsychic and interpersonal aims and meaning of interpretation. For example, when we shift from following a patient's affect or perceptual elaboration of a situation or experience into a mode of addressing underlying unconscious contributions to why they might experience something the way that they do, we probably have a thought or fantasy that this will allow for the development of greater observing capacity or a richer internal or external dialogue about how one feels or behaves. When we shift in the opposite direction, as I did in the case with Mr G, from an explanatory level regarding the patient's unconscious contribution to a more specific focus on a proximal event such as the experience of affect, we often have a sense that it is a goal of the work to augment the patient's capacity to stay with or bear a particular experience. These technical decisions are usually easily justified by our particular explicit or implicitly held theory of technique (e.g. making the unconscious conscious, deepening interpersonal and relational understanding etc.). But I am suggesting that there can be some value in thinking in less universal application of technical approaches. This implies that every direction we take in facilitating awareness of something inside the patient, might also reveal or conceal something that is important to examine interpersonally between the patient and analyst. The opposite is also true.

For example in the work of Gray (1989) there is an emphasis on the general value of pointing out to the patient more observable and conscious determinants of associations. The specific question raised here is whether there may be circumstances in which the interpretive line suggested by Gray might enact an aspect of transference that the analyst discovers over time. This observation does not necessarily mean that the interpretive stance is incorrect. Rather, it suggests the next level of interpretation.

Thus I believe that the decision about whether to interpret a more observable affect or underlying determinant need be considered from both an intrapsychic

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and interpersonal focus. For example, in reversing figure and ground at times, by placing our (the analyst's) fantasy of what the patient should do in the foreground as we examine and deconstruct from time to time why we decide to do what we do, we may be able to understand better our constant struggle with functional neutrality (Kris, 1990) and the notion of neutrality as a process (Greenberg, 1986), not a static position. This way of thinking about how the analyst works is generally anathema to the often stated analytic ideal of trying to keep our ways of wanting to influence out of the analytic situation. But if we assume, as I do, that neutrality is a process and a never fully achievable goal, we may understand better how much our ideas about how to influence represent a constant dynamic influence on both patient and analyst in terms of understanding both transference and resistance.

In the best of circumstances, part of the analyst's attention is directed at trying to observe (not plan) what his wishes are about how to influence and what he wishes the patient to accomplish in the future in concert with the unfolding associative material. In addition to the analyst's conscious and unconsciously held views of the patient's future, the patient often experiences (or doesn't experience) and draws conclusions about what he believes are the analyst's hopes for him. This experience of interpretation is often an important part of the transference and may relate to the patient's general reservoir of feeling directed towards parental objects about what he should do or feel that he is expected to do.

The question of integrating what the analyst intends to be his interpretive thrust and the patient's experience of the interpretation is a complex and difficult issue to examine. Any attempt to categorise the nature of our interpretations seems to necessarily appear overly schematic, because each intervention meets upon a unique psychic world of a particular patient. Support for one patient is experienced as a deep kind of interpretation or intervention for another. From a contemporary perspective, Strachey's (1934) differentiation between interpretation and suggestion seem to be quite schematic and dichotomous rather than embracing this complexity. Strachey did not seem to consider that support or suggestion could, at times, contain elements of interpretation or invitation for exploration. Conversely, an intended interpretation by the analyst can be experienced as highly supportive or suggestive. So any attempt to characterise the analyst's view of the patient's psychic future as deconstructed simply from his interpretive stance without listening to the patient's associations or experience is necessarily simplistic and one-sided. However, it needs to be emphasised that I am in no way of the belief that the patient's experience of the interpretation is to be considered as the only determinant of this deconstructive process either.

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As psychoanalysts we need to further explore the complex relationship between our roles as transference recipients, contemporary objects, and in some way, representatives of psychic possibility and hope. Both Friedman (1988) and Mitchell (1993) have pointed to a central paradox in analytic process. The paradox includes the way in which patients attribute to the analyst a great deal of influence and yet part of analytic process involves the commitment to analyse this and

other sources of influence. My focus in this paper points to another side of this paradox —that the analyst has hopes and wishes to influence the patient and at the same time is committed to analysing many of his most important sources of influence.

Every interpretation brings with it the possible suggestion of how the analyst wishes the patient to change or move, even if we are not always aware of this feature in the moment. Put another way, the wish to influence is always at play. While there is hardly anything new in this idea, I hope that this discussion begins to point to how we can (and already do) more actively utilise this aspect of our subjectivity in the constant process of forming, learning about, and revising our interpretive focus. In this sense, exploration of the influence of the past as it relates to the present, always includes something about the future in every interpretation.

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